RURAL DISTRICT OF WAYLAND

THE
ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

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1971

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WAYLAND RURAL DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1971

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my annual report for 1971.

The figures we have received from the General Register Office give the estimated mid-year population as 20,460, a decrease of 600 compared with 1970.

A study of the annual returns in the tables of the following pages show a remarkable similarity in most respects in each succeeding year. In many ways this is encouraging as it indicates that we are managing to stave off the ravages of epidemic disease due to micro bacteria - most notably in recent years the virus of measles.

There are, however, still too many notifications of this latter disease being made to us. We have studied all these carefully and so far as we can judge we have not had one for a child who has previously received the measles vaccine. This suggests that there is a possibility of completely eliminating this disease and with it the 400 deaths occurring annually throughout the country, not to mention the permanent ear, eye, lung and brain damage in a much greater number who do not die. At least one unimmunised child in Area 5 is known to have had a serious brain infection from this cause.

Looked at in another way, the stability of the statistics over the years is disappointing. For example, the number of illegitimate births shows no downward trend. Some 20% of the considerable number of persons dying of coronary thrombosis are under 65 years of age, as are half of those dying of lung cancer and the total numbers show no sign of falling from this eminently preventable disease.

An important factor for public health, not illustrated by the statistical figures of this report, which has exercised everyone's concern in recent years, is that of environmental pollution. Although empty containers labelled cyanide were discovered in one tip in Area 5, we are fortunate in having no gross or dramatic illustration of this problem.

However, what has been referred to in the past by the diminutive title of public health nuisance is rapidly becoming eligible for upgrading to a public health hazard by simply increasing its volume. The bombardment of people's senses by adverse aesthetic standards must eventually be hazardous to their mental well being rather than just a temporary nuisance as in the past. Particularly is this the case of litter left indiscriminately on the banks of our watercourses and in the lay-bys of our roads in ever-increasing quantities. Every council has shown its concern by debating the problem, but, to little effect. The penalty of the law has no deterrent effect for a crime to which so many are insensible over such a vast area. The only hope would seem to be in the long term to try to increase the sensibility to environmental factors other than gross pollution in the young. Very important and not sufficiently appreciated is how young this should be. The greatest influence on the development of character is probably in the very earliest years of our life. Development of personality involves more than physical safety and comfort during this period and is in the hands of parents who are themselves young and inexperienced.

A leading authority on child development lists the following psychological needs of a child :-

1. Affection and continuity of individual care.

2. Security rooted in a knowledge of belonging.
   Stable personal relationships and familiar environmental conditions.

3. A sense of personal identity, dignity as a human being and self respect.

4. Opportunity to learn from experience.

5. Opportunity to achieve success in some field of endeavour, however small.

6. Opportunity to achieve independence.

7. Opportunity to take responsibility and be of service to others.

Probably a majority of parents fulfil most of these obligations quite subconsciously, but one suspects that an ever-increasing minority are reaching maturity having been deprived of all too many of these requirements. They, in their turn, fail to appreciate the requirements for the development of a whole person from an early age. So the vicious circle is maintained, and ever-increasing numbers defile the environment through lack of aesthetic appreciation.

As a possible long term solution, have we not the right to question whether compulsory education is started soon enough, and the priorities for what are considered essential subjects? Could not the successful indoctrination of the child population as experienced in Nazi Germany in the past and in China today be used for other than political motives?

A modern pollutant in country areas which has caused considerable intrusion is the spraying of crops from the air. The evidence indicates that on occasions there is considerable overspill of the spray beyond the crop area. This is very undesirable, especially when it affects small private gardens with their day to day crops of fruit and vegetables. I can offer no evidence of human ill health being the outcome of this, but aetiology of illness so often remains obscure that it may be a contributory factor. The law supplies compensation for damage, but the proof is difficult to supply and the legal costs negates the compensation. The smallholder who loses his bees and has to be advised that his strawberries are probably not safe to eat, just has to grin and bear it.

Whereas nationally one thinks in Utopian terms for environmental protection of health such as the elimination of cigarette smoking and the fluoridation of drinking water, locally a constant day to day vigilance of small details is required. I would like to express my appreciation of this work by your Chief Public Health Inspector and his Staff which has so lightened my responsibility.

I have the honour to be

Your obedient servant

R. D. Harland.

Table 1. GENERAL STATISTICS

Area in acres	106,818
Estimated Resident Population	20,460
Rateable Value	£610,411
Sum produced by a penny rate	£5,336-94

Table 2. LIVE BIRTHS

	Male	Female	Total
Legitimate	172	162	334
Illegitimate	15	8	23
Totals	187	170	357

Live Birth Rate per 1,000 of estimated Resident Population = 17.4

Table 3. STILL BIRTHS

	Male	Female	Total
Legitimate	2	3	5
Illegitimate	-	-	-
Totals	2	3	5

Still Birth Rate per 1,000 total births = 14

Table 4. TOTAL BIRTHS

	Male	Female	Total
Legitimate	174	165	362
Illegitimate	15	8	23
Totals	189	173	385

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of infants under 1 year)

	Male	Female	Total
Legitimate	5	5	10
Illegitimate	2	-	2
Totals	7	5	12

Infant Mortality Rate: Total = 34 (per 1,000 live births)
Legitimate = 30 (per 1,000 legitimate live births)
Illegitimate = 87 (per 1,000 illegitimate live births)

Table 5. (b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Male	Female	Total
Legitimate	4	4	8
Illegitimate	2	-	2
Totals	6	4	10

Neo-Natal Mortality Rate (per 1,000 total births) = 28

(c) Early Neo-Natal Mortality (Deaths of Infants under one week)

	Male	Female	Total
Legitimate	4	2	6
Illegitimate	2	-	2
Totals	6	2	8

Early Neo-Natal Mortaility Rate (per 1,000 total births) = 22

(d) Perinatal Mortality (Stillbirths and Deaths under 1 week)

	Male	Female	Total
Legitimate	6	5	11
Illegitimate	2	-	2
Totals	8	5	13

Perinatal Mortality Rate (per 1,000 total births) = 36

Table 6. ILLEGITIMATE BIRTHS

MALES - 15 FEMALES - 8 = 23 = 6% of Total Live Births

Table 7. DEATHS (All Ages)

MALE - 131 FEMALE - 120 TOTAL = 251

Death Rate (per 1,000 population) = 12.3

Table 8. CAUSES OF DEATH OF INFANTS UNDER ONE YEAR

	Male	Female	Total
Respiratory Failure	2	2	4
Prematurity	2	-	2
Congenital Anomalies	2	3	5
Accidental	1	-	1
Totals	7	5	12

Table 9. DEATHS ACCORDING TO AGE GROUPS

	Male	Female	Total
Under 4 Weeks	6	4	10
4 weeks and under 1 year	1	1	2
1 year and under 5 years	-	-	-
5 years and under 15 years	1	-	1
15 " " " 25 "	3	-	3
25 " " " 35 "	-	1	1
35 " " " 45 "	4	3	7
45 " " " 55 "	10	3	13
55 " " " 65 "	25	14	39
65 " " " 75 "	30	28	58
75 " " over	51	66	117
Totals	131	120	251

Table 10. CAUSES OF DEATH (all ages)

	Male	Female	Total
Other Infective and Parasitic Diseases	1	-	1
Malignant Neoplasm, Oesophagus	1	1	2
Malignant Neoplasm, Stomach	1	-	1
Malignant Neoplasm, Intestine	2	3	5
Malignant Neoplasm, Lung, Bronchus	16	3	19
Malignant Neoplasm, Breast	-	11	11
Malignant Neoplasm, Uterus	-	1	1
Malignant Neoplasm, Prostate	2	-	2
Leukaemia	2	-	2
Other Malignant Neoplasms	3	8	11
Benign and Unspecified Neoplasms	1	3	4
Diabetes Mellitus	1	1	2
Anaemias	1	-	1
Mental Disorders	-	1	1
Multiple Sclerosis	1	-	1
Other Diseases of Nervous System	2	2	4
Chronic Rheumatic Heart Disease	1	3	4
Hypertensive Disease	1	1	2
Ischaemic Heart Disease	34	22	56
Other Forms of Heart Disease	7	5	12
Cerebrovascular Disease	13	19	32
Other Diseases of Circulatory System	6	3	9
Pneumonia	9	12	21
Bronchitis and Emphysema	5	1	6
Asthma	-	2	2
Other Diseases of Respiratory System	2	1	3
Intestinal Obstruction and Hernia	2	-	2
Other Diseases of Digestive System	-	3	3
Nephritis and Nephrosis	1	-	1
Hyperplasia of Prostate	3	-	3
Diseases of Musculo-Skeletal System	-	2	2
Congenital Anomalies	-	2	2
Birth Injury, Difficult Labour, etc.	2	1	3
Other Causes of Perinatal Mortality	2	1	3
Symptoms and Ill Defined Conditions	3	5	8
Motor Vehicle Accidents	4	-	4
All Other Accidents	1	1	2
Suicide and Self-Inflicted Injuries	-	1	1
All Other External Causes	1	1	2
Totals	131	120	251

Table 11. DEATHS DUE TO CANCER

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1971	131	28	16	120	30	3
1970	140	29	13	111	16	-
1969	107	18	9	116	27	3

Table 12. NOTIFICATION OF INFECTIOUS DISEASES (According to age Groups)

Diseases	Under 1 yr.	1 to 4 yrs.	5 to 14 yrs.	15 to 24 yrs.	Over 24	Total
Acute Meningitis	-	-	-	1	-	1
Infective Jaundice	-	1	-	-	-	1
Measles	4	79	124	-	4	211
Whooping Cough	1	-	8	-	-	9
Scarlet Fever	-	3	6	-	-	9

Information given by the County Medical Officer in respect of vaccination carried out during the year in Area 6 (comprising Swaffham and Wayland R.Ds., Swaffham U.D. and Borough of Thetford) is shown in the following tables 13 to 18.

Table 13. DIPHTHERIA IMMUNISATION - Area 6

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-15	Total	Age 1-4	Age 5-15	Total
621	114	73	808	117	816	933

Table 14. IMMUNISATION AGAINST WHOOPING COUGH - Area 6

PRIMARY			BOOSTERS
Age 0-1	Age 2-5	Total	Under 5
608	135	743	133

Table 15. IMMUNISATION AGAINST TETANUS - Area 6

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-15	Total	Age 1-4	Age 5-14	Total
624	114	122	860	127	1,217	1,344

Table 16. VACCINATION AGAINST POLIOMYELITIS - Area 6

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-14	Total	Age 1-4	Age 5-15	Total
596	108	59	763	103	1,016	1,119

Table 17. B.C.G. VACCINATION AGAINST TUBERCULOSIS - Area 6

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations last year is recorded.

Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
416	64	310

Table 18. ENGLISH MEASLES VACCINATION - Area 6

	Age 0-1	Age 2-4	Age 5-14	Total
1969	140	191	153	484
1970	230	303	220	753
1971	155	106	54	315